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**FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Examiner M. Spisich - United States Patent and Trademark Office**

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(Signature)

**FROM: Brent M. Peebles, Esq.**

Fax No. 513-627-8118

Phone No. 513-627-6773

Listed below are the item(s) being submitted with  
this Certificate of Transmission:\*\*

- 1) Transmittal Cover Sheet (In dup.)
- 2) Amendment (10 pgs.)

Inventor(s): Pieroni et al.

S.N.: 10/027,647

Filed: December 21, 2001

Case: AA511

Number of Pages Including this Page: 13

Comments:**OFFICIAL PAPERS**

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Brent M. Peebles 38,474  
Name Registration No. (if applicable)

*BMP*  
Signature  
March 16, 2005  
Date

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT**

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/027,647  
Applicant(s) : L. Pieroni et al.  
Filed : December 21, 2001  
Title : A Motorized Hand-Held Scrubbing Device, A Disposable Scrubbing Surface, And A Method For Use Therefor  
TC/A.U. : 1744  
Examiner : M. Spisich  
Conf. No. : 1490  
Docket No. : AA511  
Customer No. : 27752

1. ☒ No additional fees (claims fees or extension fees) are known to be required.
2. ☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	*	MINUS	**	=	x \$ 50 =	\$
INDEP.	*	MINUS	***	=	x \$200 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$360 =	\$
					TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☐ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. ☒ Any patent application processing fees under 37 CFR §1.16.
  - b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

**THE PROCTER & GAMBLE COMPANY**

By *BMP*

Signature

Brent M. Peebles

Typed or Printed Name

Registration No. 38,576

(513) 627-6773

Date: March 16, 2005

Customer No. 27752

(Transamd.doc) Revised 12/08/2004

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☒ facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 872-9306

Brent M. Peebles 38,576  
Name Registration No. (if applicable)

*BMP*  
Signature

March 16, 2005  
Date

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/027,647  
Applicant(s) : L. Pieroni et al.  
Filed : December 21, 2001  
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TC/A.U. : 1744  
Examiner : M. Spisich  
Conf. No. : 1490  
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	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	*	MINUS	**	=	x \$ 50 =	\$
INDEP.	*	MINUS	***	=	x \$200 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$360 =	\$
					TOTAL	\$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.  
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THE PROCTER & GAMBLE COMPANY

By *BMP*  
Signature  
Brent M. Peebles  
Typed or Printed Name  
Registration No. 38,576  
(513) 627-6773

Date: March 16, 2005  
Customer No. 27752  
(Transamd.doc) Revised 12/08/2004

Appl. No. 10/027,647  
Atty Docket No. AA511  
Response dated March 16, 2005  
Reply to Office Action dated December 16, 2004

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**MAR 16 2005**

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Grant M. Peoples  
Name

Signature

Case AA-511

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the Application of	:	
Lucio Pieroni, et al.	:	Confirmation No. 1490
Serial No.: 10/027,647	:	Group Art Unit 1744
Filed: December 21, 2001	:	Examiner: M. Spisich
Title: A MOTORIZED HAND-HELD	:	
SCRUBBING DEVICE, A	:	
DISPOSABLE SCRUBBING	:	
SURFACE, AND A METHOD	:	
FOR USE THEREFOR	:	

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed December 16, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.